

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number NYD000730382		2. Page 1 of 1		3. Emergency Response Phone 800-424-9300		4. Manifest Tracking Number 000460733 GBF			
		5. Generator's Name and Mailing Address Niagara Mohawk 7437 Henry Clay Blvd Liverpool NY 13088 Generator's Phone: 315/460-2334		Generator's Site Address (if different than mailing address) Cnt. Sue Swanson SAME							
6. Transporter 1 Company Name SJ Transportation Co.		856/769-2741				U.S. EPA ID Number NJD071629976					
7. Transporter 2 Company Name						U.S. EPA ID Number					
8. Designated Facility Name and Site Address Clean Harbors (PPM) LLC 4105 Whitaker Avenue Philadelphia PA 19124 Facility's Phone: 215-425-5144		U.S. EPA ID Number PAD981113749									
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))				10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes	
						No.	Type				
		1. RQ Polychlorinated Biphenyls (LIQUID) 9, UN2315, PGIII				0 0 1	T T	EST 4924	K	B002 XB	
		2.									
		3.									
	4.										
14. Special Handling Instructions and Additional Information MODEP Date removed from service for disposal: 11/10/07 Bill to: Niagara Mohawk 50-499ppm PCB ERG # 171 Proposal#: 0703026N FM1434107 LQ074 300 Erie Blvd West Syracuse NY 13202 Attn: Sue Swanson											
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.											
Generator's/Offor's Printed/Typed Name SUSAN M. SWANSON											
Signature <i>Susan M. Swanson</i>											
Month Day Year 04 03 07											
TRANSPORTER	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____										
	17. Transporter Acknowledgment of Receipt of Materials										
	Transporter 1 Printed/Typed Name <i>David Debus</i>										
Signature <i>David Debus</i>											
Month Day Year 4 3 07											
Transporter 2 Printed/Typed Name											
Signature											
Month Day Year											
DESIGNATED FACILITY	18. Discrepancy										
	18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection										
	Manifest Reference Number: _____										
	18b. Alternate Facility (or Generator) U.S. EPA ID Number										
	Facility's Phone: _____										
18c. Signature of Alternate Facility (or Generator)											
Month Day Year											
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)											
1. H040 1191											
2. _____											
3. _____											
4. _____											
20. Designated Facility Owner or Operator. Certification of receipt of hazardous materials covered by the manifest except as noted in item 18a											
Printed/Typed Name TYRONE CLEMONS											
Signature <i>Tyrone Clemons</i>											
Month Day Year 04 03 07											

**NIAGARA MOHAWK POWER CORPORATION
LAND DISPOSAL RESTRICTION NOTIFICATION FOR
PCB WASTE NOT CLASSIFIED AS EPA HAZARDOUS WASTE**

Generator EPA ID No.: NYD000730382 Name of Location: HENRY CLAY BLVD. - LIVERPOOL, NY

Manifest Number: 0004607336BF Date of Shipment: 4/3/07

Waste Analysis Data (circle one): (1) Attached
(2) Not Applicable (Knowledge of waste used)

EPA Hazardous Waste Code
(circle one): (2) PCB2 (PCB Containers)
(1) PCB1 (PCB Articles, transformers, capacitors, etc.)

The treatment standard for these PCB wastes, as stated in 6 NYCRR 376.4(f), is disposal in accordance with the provisions of 40 CFR 761, except waste B002 from any source other than a spill may not be stabilized or mixed with any substance to conform with any provision of 40 CFR Part 761 regarding land disposal.

INSTRUCTIONS: Circle the waste code(s) in Section 1 and/or 2 below that applies to the waste on the accompanying manifest. The waste code(s) circled below must be the same as the code(s) on the accompanying manifest. Sign the Certification in Section 2 only if one or more codes in Section 2 apply to the shipment.

SECTION 1

Circle appropriate waste code(s):

B001	B004
<u>B002</u>	B005
B003	B006 [except for transformers drained and flushed with solvent in accordance with 40 CFR Part 761.60(b)(1)(B)]

The New York State hazardous wastes identified on the accompanying manifest and bearing the New York State Hazardous Waste Code(s) circled above are restricted waste(s) which do not meet applicable treatment standards or prohibition levels under the New York State Land Disposal Restrictions, 6 NYCRR Part 376, but are not subject to 40 CFR Part 268.

SECTION 2

Circle appropriate waste code(s):

B006 [only transformers drained and flushed with solvent in accordance with 40 CFR Part 761.60(b)(1)(B)]
Non-liquid B007

The New York State hazardous wastes identified on the accompanying manifest and bearing the New York State Hazardous Waste Code(s) circled above are restricted wastes under 6 NYCRR Part 376 which meet the applicable treatment standards and prohibition levels.

CERTIFICATION

I certify under penalty of law that I personally have examined and am familiar with the waste, through analysis and testing or through knowledge of the waste, to support this certification that the waste complies with the treatment standards specified in Part 376, section 376.4 and all applicable prohibitions set forth in subdivision 376.3(b) of Part 376 or RCRA section 3004(d). I believe that the information I submitted is true, accurate and complete. I am aware that there are significant penalties for submitting a false certification, including the possibility of a fine and imprisonment.

<u>Susan M. Swanson</u>	<u>3/29/07</u>	<u>SUSAN M. SWANSON</u>	<u>SR. ENVIRONMENTAL ENGINEER</u>
SIGNATURE	DATE	PRINT NAME	TITLE



Memorandum

To: S. Swanson

From: P. Lazarski

File Code: 18658

Date: 3/22/2007

Subject: PCB Analysis – Oil

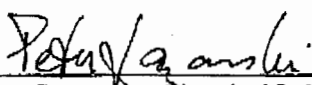
On March 21, 2007, the Chemical Laboratory of Laboratories and Testing Services received a sample oil to be analyzed for total PCBs.

The sample was analyzed according to ASTM D4059: Analysis of Polychlorinated Biphenyls in Insulating Liquids by Gas Chromatography and EPA 600/4/81-045: Determination of Polychlorinated Biphenyls in Transformer Fluid and Waste Oils. Results are as follows:

Test No.	Sample Date	Sample Identification	Result mg/kg
18658	3/21/07	Transformer Shop, HCB1 Tank 7	24

Analysis by: J. Jordan

Completed: 3/22/07


Supervisor Chemical Laboratory
Lab ID 10205

PL/gdc



The analytical results in this report relate to the sample(s) as it was received in the Laboratory.

Clean Harbors Environmental Services, Inc.

Waste Receiving Report

Bulk

Plant Received Date: 4/3/2007 12:00:00AM

Work Order #: **FM1434107**

Load #: **NONE**

Receiving Facility: PPM-Philadelphia, PA (PM)

Equipment: NONE

Generator:

Niagara Mohawk (NI0144)

Customer:

G & S Motor Equipment Company (G&S0101)

Manifest:

000460733GBF

Cnt: **1**

Generator EPA ID:

40CFRPART761

State EPA ID:

Line Item	Shipping Name/ US DOT Description	UN/NA Number	Container No. Type	Total Quantity	Unit Wt/Vol	CHI Pre-Code	Profile Number	Pkg Grp	Hazard Class	Hrzd Zone
1	POLYCHLORINATED BIPHENYLS, LIQUID	UN2315	1 TT	4,541	K	DH1	PPMDH1	III	9 MISCELLANEOUS HAZARDOUS MATERIAL	

Profile Constituents (ordered by Max %)	Min	Max								
POLYCHLORINATED BIPHENYLS	50.00	10,000.00	OIL			0.00	100.00			

See Handling, or Special Instructions:

PPM facility profile no generator signed copy on file

Bulk Wash: Bulk Cleanout: Bulk Entry: None:

CHI Providing Trans:

Quoted Bulk Wash Price:

Waste Codes	B001
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Least Cost Outlet	Outbound Profile	Outbound Profile Description	Cons (Y/N)	Billing Requirements:
TU	DH1-INTER	DH1 PCB OIL FOR DECHLORINATION	Y	
				Container (Y/N)
				Gallons (Y/N)
				Special Instructions
				Y

Restrictions:

Restrictions, Other:

Drum No.	Final Code	Qty	Cont. Type	H2O Mix (+/-)	Ph (Value)	Ign (+/-)	CN (+/-)	Sulfide (+/-)	PCB Value	Rad (+/-)	Oxid (+/-)	CC Insp	CHL (+/-)	Weight	Weight UOM	Comments
12956167		9,990	TT						52					1,350	GALS	

1 Item(s) printed for

000460733GBF

SALES ORDER # FM1434107

UNIT	B = Barrel	MATERIAL	O = Oil
TYPE	X = Box	TYPE	D = Debris
	T = Transformer		C = Capacitor
	C = Capacitor		T = Transformer
			W = Water
			R = Other

[illegible]



Clean Harbors Environmental Services, Inc.
4105 Whitaker Ave.
Philadelphia, PA 19124
215.425.5144
www.cleanharbors.com

April 19, 2007

State of New York-Data Management Section

Dept. of Environmental Conservation
Division of Solid & Hazardous Materials
625 Broadway – 9th Floor
Albany, NY 12233-7250

Dear Sirs or Madams:

Enclosed you will find a signed copy of a manifest for PCB contaminated material that was received at our Clean Harbors PPM, LLC facility in Philadelphia, PA.

Generator ID : NYD000730382 Manifest Tracking Number: 000460733FLE

Service Work Order: FM1434107

Any inquiries should refer to the Clean Harbors Service Work Order number. If you have any questions concerning this shipment, please contact me in our Philadelphia office at (215) 425-5144.

Sincerely,

A handwritten signature in black ink, appearing to read "Jennifer Walsh". The signature is fluid and cursive, with a large initial "J" and "W".

Jennifer Walsh
Compliance Guard
Clean Harbors PPM, LLC

Attachments

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number 17-00017-0333		2. Page 1 of 1	3. Emergency Response Phone 800-424-9300		4. Manifest Tracking Number 000460733 GBF		
5. Generator's Name and Mailing Address 1213441 10th Ave 7437 10th Ave - 10th Ave 10th Ave Generator's Phone: 817-734-1111					Generator's Site Address (if different than mailing address) SAME				
6. Transporter 1 Company Name Hazardous Waste Transporters, Inc.					U.S. EPA ID Number 10-0000000000				
7. Transporter 2 Company Name					U.S. EPA ID Number				
8. Designated Facility Name and Site Address Hazardous Waste Treatment, Storage, and Disposal Unit 10th Ave Facility's Phone: 817-734-1111					U.S. EPA ID Number				
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))			10. Containers No. Type		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
		1. 100% Acetone, 100% Acetone, 100% Acetone			1		1924		3.0
		2.							
		3.							
		4.							
14. Special Handling Instructions and Additional Information 1110197 F111434107 10074									
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement described in 40 CFR 262.70(a) if I am a large quantity generator or (b) if I am a small quantity generator is true.									
Generator's/Officer's Printed Name SUDAN A. GORDON					Signature [Signature]		Month Day Year 04 02 01		
TRANSPORTER INTL	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of destination: Date leaving U.S.:								
	17. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed Name: Signature: Month Day Year: 04 02 01 Transporter 2 Printed Name: Signature: Month Day Year:								
DESIGNATED FACILITY	18. B. 100% Acetone								
	19. B. 100% Acetone, 100% Acetone, 100% Acetone								
	20. B. 100% Acetone, 100% Acetone, 100% Acetone								
	21. B. 100% Acetone, 100% Acetone, 100% Acetone								
	22. B. 100% Acetone, 100% Acetone, 100% Acetone								



Clean Harbors Environmental Services, Inc.
4105 Whitaker Ave.
Philadelphia, PA 19124
215.425.5144
www.cleanharbors.com

April 19, 2007

Ms. Sue Swanson
Niagara Mohawk Power
7437 Henry Clay Boulevard
Liverpool, N. Y. 13083

Dear Ms. Swanson:

Enclosed you will find a signed copy of your manifest which indicates acceptance of your PCB contaminated material at our Clean Harbors PPM, LLC facility in Philadelphia, PA.

Generator ID : NYD000730382 Manifest Tracking Number: 000460733FLE

Service Work Order: FM1434107

Any inquiries should refer to your Clean Harbors Service Work Order number. If you have any questions concerning this shipment, please contact me in our Philadelphia office at (215) 425-5144.

Sincerely,

A handwritten signature in black ink, appearing to read "Jennifer Walsh". The signature is written in a cursive, flowing style.

Jennifer Walsh
Compliance Guard
Clean Harbors PPM, LLC

Attachments

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number 14-123-123-123-123	2. Page 1 of 1	3. Emergency Response Phone 1-800-123-1233	4. Manifest Tracking Number 000460733 GBF		
5. Generator's Name and Mailing Address 12345 Main St 7437 Hwy 101, Apt. 100 San Jose, CA 95131				Generator's Site Address (if different than mailing address) SAME			
Generator's Phone: 415-123-1234				U.S. EPA ID Number 1234567890			
6. Transporter 1 Company Name ABC Transport Inc.				U.S. EPA ID Number 0987654321			
7. Transporter 2 Company Name				U.S. EPA ID Number			
8. Designated Facility Name and Site Address 12345 Main St San Jose, CA 95131				U.S. EPA ID Number 1234567890			
Facility's Phone: 415-123-1234							
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
			No.	Type			
	1.	1. 100% Acetone, 100% UN 1201, 3	1	DRUM	1924		13
	2.						
	3.						
4.							
14. Special Handling Instructions and Additional Information EM1434107 LQ074							
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.							
Generator's/Offeror's Printed/Typed Name SWAN A SWANSON				Signature <i>[Signature]</i>		Month Day Year 04 05 07	
INT'L	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Period of empty trip: _____ Date leaving U.S.: _____						
	17. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed/Typed Name: _____ Signature: <i>[Signature]</i> Month Day Year: 04 05 07 Transporter 2 Printed/Typed Name: _____ Signature: _____ Month Day Year: _____						
TRANSPORTER	18. Date of Receipt 04/05/07						
	19a. Designated Facility Name: _____ 19b. Designated Facility Address: _____ 19c. Designated Facility Phone: _____ 19d. Designated Facility EPA ID Number: _____ 19e. Designated Facility State: _____ 19f. Designated Facility City: _____ 19g. Designated Facility Zip: _____ 19h. Designated Facility Country: _____ 19i. Designated Facility County: _____ 19j. Designated Facility Latitude: _____ 19k. Designated Facility Longitude: _____ 19l. Designated Facility Name: _____ 19m. Designated Facility Address: _____ 19n. Designated Facility Phone: _____ 19o. Designated Facility EPA ID Number: _____ 19p. Designated Facility State: _____ 19q. Designated Facility City: _____ 19r. Designated Facility Zip: _____ 19s. Designated Facility Country: _____ 19t. Designated Facility County: _____ 19u. Designated Facility Latitude: _____ 19v. Designated Facility Longitude: _____ 19w. Designated Facility Name: _____ 19x. Designated Facility Address: _____ 19y. Designated Facility Phone: _____ 19z. Designated Facility EPA ID Number: _____ 19aa. Designated Facility State: _____ 19ab. Designated Facility City: _____ 19ac. Designated Facility Zip: _____ 19ad. Designated Facility Country: _____ 19ae. Designated Facility County: _____ 19af. Designated Facility Latitude: _____ 19ag. Designated Facility Longitude: _____ 19ah. Designated Facility Name: _____ 19ai. Designated Facility Address: _____ 19aj. Designated Facility Phone: _____ 19ak. Designated Facility EPA ID Number: _____ 19al. Designated Facility State: _____ 19am. Designated Facility City: _____ 19an. Designated Facility Zip: _____ 19ao. Designated Facility Country: _____ 19ap. Designated Facility County: _____ 19aq. Designated Facility Latitude: _____ 19ar. Designated Facility Longitude: _____ 19as. Designated Facility Name: _____ 19at. Designated Facility Address: _____ 19au. Designated Facility Phone: _____ 19av. Designated Facility EPA ID Number: _____ 19aw. Designated Facility State: _____ 19ax. Designated Facility City: _____ 19ay. Designated Facility Zip: _____ 19az. Designated Facility Country: _____ 19ba. Designated Facility County: _____ 19bb. Designated Facility Latitude: _____ 19bc. Designated Facility Longitude: _____ 19bd. Designated Facility Name: _____ 19be. Designated Facility Address: _____ 19bf. Designated Facility Phone: _____ 19bg. Designated Facility EPA ID Number: _____ 19bh. Designated Facility State: _____ 19bi. Designated Facility City: _____ 19bj. Designated Facility Zip: _____ 19bk. Designated Facility Country: _____ 19bl. Designated Facility County: _____ 19bm. Designated Facility Latitude: _____ 19bn. Designated Facility Longitude: _____ 19bo. Designated Facility Name: _____ 19bp. Designated Facility Address: _____ 19bq. Designated Facility Phone: _____ 19br. Designated Facility EPA ID Number: _____ 19bs. Designated Facility State: _____ 19bt. Designated Facility City: _____ 19bu. Designated Facility Zip: _____ 19bv. Designated Facility Country: _____ 19bw. Designated Facility County: _____ 19bx. Designated Facility Latitude: _____ 19by. Designated Facility Longitude: _____ 19bz. Designated Facility Name: _____ 19ca. Designated Facility Address: _____ 19cb. Designated Facility Phone: _____ 19cc. Designated Facility EPA ID Number: _____ 19cd. Designated Facility State: _____ 19ce. Designated Facility City: _____ 19cf. Designated Facility Zip: _____ 19cg. Designated Facility Country: _____ 19ch. Designated Facility County: _____ 19ci. Designated Facility Latitude: _____ 19cj. Designated Facility Longitude: _____ 19ck. Designated Facility Name: _____ 19cl. Designated Facility Address: _____ 19cm. Designated Facility Phone: _____ 19cn. Designated Facility EPA ID Number: _____ 19co. Designated Facility State: _____ 19cp. Designated Facility City: _____ 19cq. Designated Facility Zip: _____ 19cr. Designated Facility Country: _____ 19cs. Designated Facility County: _____ 19ct. Designated Facility Latitude: _____ 19cu. Designated Facility Longitude: _____ 19cv. Designated Facility Name: _____ 19cw. Designated Facility Address: _____ 19cx. Designated Facility Phone: _____ 19cy. Designated Facility EPA ID Number: _____ 19cz. Designated Facility State: _____ 19da. Designated Facility City: _____ 19db. Designated Facility Zip: _____ 19dc. Designated Facility Country: _____ 19dd. Designated Facility County: _____ 19de. Designated Facility Latitude: _____ 19df. Designated Facility Longitude: _____ 19dg. Designated Facility Name: _____ 19dh. Designated Facility Address: _____ 19di. Designated Facility Phone: _____ 19dj. Designated Facility EPA ID Number: _____ 19dk. Designated Facility State: _____ 19dl. Designated Facility City: _____ 19dm. Designated Facility Zip: _____ 19dn. Designated Facility Country: _____ 19do. Designated Facility County: _____ 19dp. Designated Facility Latitude: _____ 19dq. Designated Facility Longitude: _____ 19dr. Designated Facility Name: _____ 19ds. Designated Facility Address: _____ 19dt. Designated Facility Phone: _____ 19du. Designated Facility EPA ID Number: _____ 19dv. Designated Facility State: _____ 19dw. Designated Facility City: _____ 19dx. Designated Facility Zip: _____ 19dy. Designated Facility Country: _____ 19dz. Designated Facility County: _____ 19ea. Designated Facility Latitude: _____ 19eb. Designated Facility Longitude: _____ 19ec. Designated Facility Name: _____ 19ed. Designated Facility Address: _____ 19ee. Designated Facility Phone: _____ 19ef. Designated Facility EPA ID Number: _____ 19ef. Designated Facility State: _____ 19eg. Designated Facility City: _____ 19eg. Designated Facility Zip: _____ 19eg. Designated Facility Country: _____ 19eg. Designated Facility County: _____ 19eg. Designated Facility Latitude: _____ 19eg. Designated Facility Longitude: _____ 19eg. Designated Facility Name: _____ 19eg. Designated Facility Address: _____ 19eg. Designated Facility Phone: _____ 19eg. Designated Facility EPA ID Number: _____ 19eg. Designated Facility State: _____ 19eg. Designated Facility City: _____ 19eg. Designated Facility Zip: _____ 19eg. Designated Facility Country: _____ 19eg. Designated Facility County: _____ 19eg. Designated Facility Latitude: _____ 19eg. Designated Facility Longitude: _____ 19eg. Designated Facility Name: _____ 19eg. Designated Facility Address:						



Clean Harbors Environmental Services, Inc.
4105 Whitaker Ave.
Philadelphia, PA 19124
215.425.5144
Fax 215.425.0730
www.cleanharbors.com

Ms. Sue Swanson
Niagara Mohawk
7437 Henry Clay Blvd
Liverpool, NY 13088

Dear Ms. Swanson:

This is to inform you that the material received from your company on the attached manifest was properly decontaminated to less than 2ppm at Clean Harbors – Tucker, Georgia facility, 1875 Forge Street, Tucker, GA 30084, EPA ID #: GAD980839187. For manifest number, material description, and date of disposal, please see attachment(s).

If you have any questions concerning the disposal of your material, please feel free to contact me in our Philadelphia, PA operations office at (215) 425-5144.

Sincerely,

Alex Yonker ^{BRH}

Alex Yonker
Operations Manager

Attachment(s)

Incoming Manifest#: 000460733GBF
CH Sales Order #: FM1434107

Date Rec'd 4/3/2007

Customer: Niagara Mohawk 7437 Henry Clay
ATTN: Sue Swanson Blvd Liverpool NY 13088

<u>CH ID Number</u>	<u>Date Removed From Service</u>	<u>Unit Type</u>	<u>Material Type</u>	<u>Material Description</u>	<u>Lbs.</u>	<u>Kgs.</u>	<u>Generator ID Number</u>	<u>Serial Number</u>	<u>Disposal Date</u>	<u>CH Load Number</u>
12956167	1/10/2007	TT	DH1	<500 Oil	9990	4541			4/16/2007	07056